

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90009 007 \*\*\*\*61.25

**DOCUMENT # 716838**

1. Entity Name  
**BAY COLONY PROTECTIVE ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**1 COMPASS DR**      **1 COMPASS DR**  
**FT LAUDERDALE FL 33308**      **FT LAUDERDALE FL 33308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2064592**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SIMMONS, STEPHEN J**  
**321 S.E. 15 AVE.**  
**FT. LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	TD	<input type="checkbox"/> Delete
NAME	KEARN, JOSEPH	
STREET ADDRESS	20 COMPASS ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PRITT, FRED	
STREET ADDRESS	280 N. COMPASS DR	
CITY-ST-ZIP	FT LAUDERDALE. FL 33308	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DIBATTISTA, ANDREW, J	
STREET ADDRESS	50 COMPASS LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LESTRANGE, BETTE	
STREET ADDRESS	160 N COMPASS DR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weaver, Marianne	
STREET ADDRESS	30 N. Compass Drive	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Joseph M. Kearn*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **JOSEPH M KEARN**      Date **2/10/00**      Daytime Phone # **9544910102**

CFR2E037 (9/99)